

Post-Operative Instructions

1. Please do not leave the hospital without your medicines and instructions
2. The nose may be quite blocked and there may be some bleeding
3. The nose should be cleansed gently by douching with saline (we recommend Sinus Rinse® - you will receive a starter pack) Mix the sachet as described with water.
4. You may blow gently after the washout
5. In some cases you may receive some ointment for the nose, please use twice a day, gently placing in the front openings.
6. Follow up appointments must be made by phoning the rooms, this should be in 3 weeks, except in the case of the rhinoplasty when it should be in a week when the splint, and the sutures (if used) will be removed.
7. Please take the antibiotics and analgesics prescribed

Precautions and concerns:

1. Nasal blockage: this is due to swelling of tissues and will subside. The washouts (douches) with saline helps
2. Nasal discharge which may be bloodstained – may continue for 2 weeks
3. Headaches – may continue for a few weeks but should be mild. Take the pain killers and lots of fluids. SEVERE headache must be reported.
4. Unpleasant smell or taste may last for few days.
5. Report to me or the rooms, or if unable to make contact, Waikato Hospital registrar on call for ENT in the case of severe pain, pus in the nose, severe swelling or blurred vision

More information is available on the website:
www.gregor.org.nz

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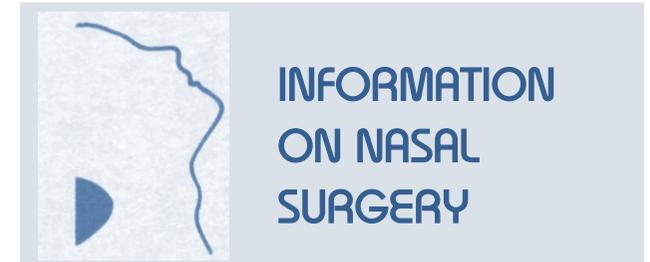
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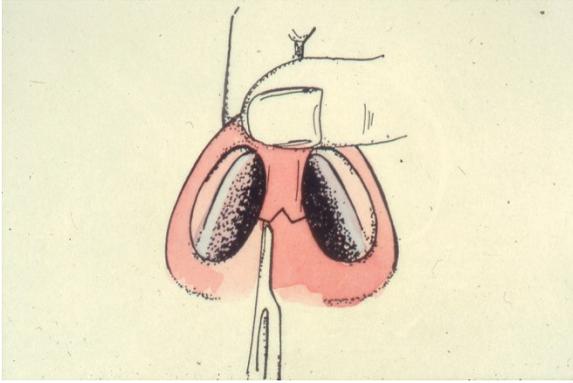
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Nasal Operations:

1. Septoplasty
2. Septorhinoplasty
3. Endoscopic Surgery - polypectomy
4. Turbinoplasty
5. Sinus washout

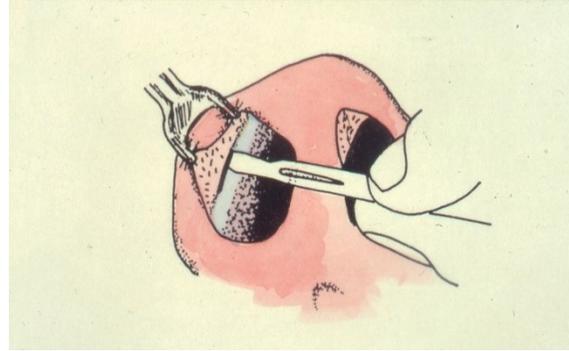
Septoplasty is an operation to straighten the septum which divides the nose into two cavities. It usually needs no outside incisions. Septorhinoplasty is a nasal reconstruction, and includes septoplasty, as well as correction of the shape of the nose; it may include an outside incision. Endoscopes are used to improve vision inside the nose, and micro-debriders are used to remove polyps; open the sinuses



or reduce the turbinates. These procedures improve breathing and sinus drainage.

Nasal Reconstruction

Rhinoplasty or Septorhinoplasty may require a small incision in the columella (above) which enables the surgeon to see better to correct the cartilages of the nasal tip or septum. This will require two small stitches that are removed in a week. All other sutures in the nose are absorbable and do not need removal. The sutures are placed after correction is made of the position of cartilage to achieve better breathing and appearance.



All other incisions are made inside the nose and are not visible externally.

There may be some bruising under the eyes if the bony parts of the nose have to have cuts made (osteotomies). In order to stabilize the nose the dressing is very important. This includes a splint on the outside.



The splint is made of a thermoplastic material that hardens as it cools; it is stuck onto tape placed on the nose after applying a skin protector. In addition the splint is taped to the cheek areas.



Packs are very rarely placed in the nose, and only when there is excessive bleeding. In this case the packs will be removed in the recovery room

Polypectomy and Turbinoplasty

These are done with a microdebrider, a probe with a tiny rotating blade and suction. This removes the polyps, or reduces the inside of the turbinates with minimal injury.
